MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02987

Reg. Dist. No. 260

1. PLACE OF DEATH · COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Hill — LENGTH OF STAY (in this place) 40 yrs.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Hill
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) Malissia (Middle) — (Last) Ballard

4. DATE OF DEATH (Month) Mar. (Day) 25 (Year) 1949

5. SEX Female

6. COLOR OR RACE Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Feb. 20, 1882

9. AGE last birthday 67 yrs. — If under 1 year: Months 1, Days 5 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Manokin, Md. Somerset

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Zippie (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No.

16. SOCIAL SECURITY NO. —

17. INFORMANT Robert Ballard.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Arteriosclerotic Heart Disease — 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1948, to ~~Feb 14~~ March 25, 1949 that I last saw the deceased alive on March 24, 1949, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE Frank Matusenis (Degree or title) — ADDRESS Princess Anne — DATE SIGNED 3/26/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE March 28 1949 — NAME OF CEMETERY OR CREMATORY Upper St. Andrews — LOCATION (City, town, or county) Upper Hill, Md. (State)

DATE REC'D BY LOCAL REG. 3/28/49 — REGISTRAR'S SIGNATURE R. H. Johnson, M.D. Ga. — 24. FUNERAL DIRECTOR Norma J. Ward. — ADDRESS Marion Sta., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 30 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

02988

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Princess Anne, Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Michael	O.	Baltz	March	26	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M	W	Married	May 28 1876	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Ohio	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David J. Baltz	Rebecca C. Shamell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	None	Mrs Ernestine Bradley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 **Immediate cause** (a) Cerebral Hemorrhage

83a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 years to ....., 19....., that I last saw the deceased alive on 3/26, 1949, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE C. Frisch (Degree or title) ADDRESS Princess Anne Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	March 29/1949	Hopkins Cemetery	Tiffin	Ohio

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/28/49	K. S. Johnson, M.D.	Wade Washington	Pr. Anne, Md.

RECEIVED
MAR 30 1949
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02989

1. PLACE OF DEATH

County Somerset Registration Dist. No. 246

Village or City Crisfield Hospital No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Franklyn Bell U. S. Veteran, specify WAR

(a) Residence: No. Marion Md St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/29/1941

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Marion Md.
(State or country)

FATHER

13. NAME William Thomas Bell

14. BIRTHPLACE (city or town) Marion Md
(State or country)

MOTHER

15. MAIDEN NAME Alice Handy

16. BIRTHPLACE (city or town) Marion, Md.
(State or country)

17. INFORMANT
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Marion Md Date April 4, 1949

19. UNDERTAKER Geo. W. Leighman
(Address) Marion Md.

20. FILED 4/2 1949 Betty Massey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 31 (Month) (Day), 1949 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1949, to March 31, 1949

I last saw h— alive on March 31, 1949; death is said to have occurred on the date stated above, at 11 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	
Pneumonia Bilateral	1 week
Pericarditis Tuberculous	
Other Contributory Causes of importance:	
Appendectomy	
15	

Name of operation Appendectomy Date of March 1

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? —
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George Anderson M. D.

(Address) Marion Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02990

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Monie
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Monie
STREET ADDRESS (If rural give location) R.D.

3. NAME OF DECEASED (Type or Print) (First) Roy (Middle) Alvin (Last) Boyman
4. DATE OF DEATH (Month) Mar. (Day) 18 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Monie
8. DATE OF BIRTH Jan 8-1890
9. AGE last birthday 59 yrs. If under 1 year Months 2 Days 10 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Monie Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John R. Boyman
14. MOTHER'S MAIDEN NAME Effie C. Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Adeline J. Boyman Monie Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Prostate

177 Antecedent cause(s)

51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Ten or more years, 19..., to ..., 19..., that I last saw the deceased alive on 3/17, 1949, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE T J Smith (Degree or title) ADDRESS Princess Anne Md DATE SIGNED 3/18-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE March 20-49
NAME OF CEMETERY OR CREMATORY Jr. O W A M. Cem.
LOCATION (City, town, or county) Oriole Md. (State)
DATE REC'D BY LOCAL REG. 3/19/49
REGISTRAR'S SIGNATURE K. H. Johnson M.D. Jr.
24. FUNERAL DIRECTOR Holloway & Co. Walter R. Holloway
ADDRESS Salisbury Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 23 1949
BUREAU V. S.

02991

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eden
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Allen
STREET ADDRESS R.D. (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Hardy (Last) Bramble
4. DATE OF DEATH: (Month) March (Day) 13 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Appx. 1877
9. AGE last birthday: 72 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Crockson Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Noah Bramble
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Janie Bramble Allen Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c) Cerebral Hemorrhage — 12 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

331
83a

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 12, 1949, to March 13, 1949 that I last saw the deceased alive on March 13, 1949, and that death occurred at 225 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank Matthews MD — ADDRESS: Princess Anne — DATE SIGNED: 3/14/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Mar. 15-49 — NAME OF CEMETERY OR CREMATORY: Allen Cem. — LOCATION (City, town, or county) (State): Allen - Md.

DATE REC'D BY LOCAL REG. 3/15/49 — REGISTRAR'S SIGNATURE: R. E. Johnson, M.D. gd.

24. FUNERAL DIRECTOR: Holloway & Co. — ADDRESS: Salisbury Md. — Walter R. Holloway

1949
92
1877

RECEIVED
MAR 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02992

CERTIFICATE OF DEATH

Reg. Dist. No. 26 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 317 Broadway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; STREET ADDRESS (If rural give location) 317 Broadway

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Lange (Last) Byrd

4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 6/13/1859

9. AGE last birthday: 89 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired U.S. Coast Guard

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Riley Byrd

14. MOTHER'S MAIDEN NAME: Sallie Mulligan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War

16. SOCIAL SECURITY NO.:

17. INFORMANT: William L. Byrd Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151 Immediate cause (a) Carcinoma Stomach — Interval between onset and death: 1½ yrs

Antecedent cause(s)

468 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1947, to March, 1949, that I last saw the deceased alive on March 12, 1949, and that death occurred at 4 45 m., from the causes and on the date stated above.

SIGNATURE: C G Rawley (Degree or title) M.D. ADDRESS: Crisfield DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: 3/15/49; NAME OF CEMETERY OR CREMATORY: Sunny Ridge; LOCATION (City, town, or county) (State): Dopewell Md.

DATE REC'D BY LOCAL REG.: 3/14/49; REGISTRAR'S SIGNATURE: C. E. Collins

24. FUNERAL DIRECTOR: Dukward Covington; ADDRESS: 306 Main St. Crisfield Md.

VS. A15

RECEIVED
MAR 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02993

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY (in this place) 14 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Lawsonia R.F.D. #1

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Va; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tangier Island Va; STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) C (Last) Dise

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 8 1866

9. AGE last birthday: 82 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Tangier Island Va

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James H. Crockett

14. MOTHER'S MAIDEN NAME: Matilda Crockett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mary Tyler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial Pneumonia — Interval Between Onset and Death: 1 wk.

450.0 Antecedent cause(s)

167 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 24, 1949, to March 1, 1949, that I last saw the deceased alive on March 1, 1949, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE: S. M. Payton (Degree or title) M. D. ADDRESS: Crisfield, Md. DATE SIGNED: Mar. 2

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 3/3/49 | NAME OF CEMETERY OR CREMATORY: Asbury Cemetery | LOCATION (City, town, or county) (State): Crisfield Md.

DATE REC'D BY LOCAL REG.: 3/3/49 | REGISTRAR'S SIGNATURE: C. E. Collins | 24. FUNERAL DIRECTOR: Durward Cockeyton | ADDRESS: 306 Main St Crisfield Md.

RECEIVED
MAR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02994

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smiths Island; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ewell (Smiths Island)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smiths Island; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) AL EX (Middle) W. (Last) EVANS

4. DATE OF DEATH: (Month) Mar. (Day) 1, (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Jan. 25, 1905

9. AGE last birthday: 44 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): blacksmith

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Ewell (Smiths Island)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Johnson S. Evans

14. MOTHER'S MAIDEN NAME: Mary Whitney Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Mary Whitney Evans

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Clothing burned Exposure - Gr wheat & Saw Body

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Burns over - Body & Extremities

(c) & Body laying on Linoleum Floor when found -

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

INTERVAL BETWEEN ONSET AND DEATH: 9/7.3 / 181

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION: Accidental Death

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) / SUICIDE / HOMICIDE: Accident

PLACE (Home, farm, factory, mine, bldg., etc.) OF INJURY: Shop

(CITY OR TOWN) Ewell (COUNTY) Somerset (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: Mar 1

INJURY OCCURRED While at Work ☐ Not While At work ☐ X

HOW DID INJURY OCCUR? Burned

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on Mar 1, 1949, and that death occurred at 7 A.M. (P.M.) from the causes and on the date stated above.

DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, MD.

SIGNATURE (Degree or title) W. H. Coulbourn, M. D. ADDRESS Crisfield Md DATE SIGNED 3/4/49

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE: Mar. 4, 1949

NAME OF CEMETERY OR CREMATORY: Ewell Methodist Cemetery

LOCATION (City, town, or county) Smiths Island (State) Maryland

DATE REC'D BY LOCAL REG. 3/4/49

REGISTRAR'S SIGNATURE C. E. Collins

24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors ADDRESS Crisfield

RECEIVED
MAR 5 1949
BUREAU V. S.

02995

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt Vernon — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne Md.
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First) Alberta (Middle) Viola (Last) Fisher

4. DATE OF DEATH (Month) Mch (Day) 22 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct 5, 1878
9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Doylestown Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Martin
14. MOTHER'S MAIDEN NAME: Bellie Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434.3 Immediate cause (a) Chronic Heart Disease — 1 yr

95c Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that ~~I attended the deceased from ..... 19 ..... to ....., 19 ....., that I last saw the deceased alive on ....., 19 .....~~ and that death occurred at 1 a m., from the causes and on the date stated above.

HENRY M. LANKFORD, M.D. Deputy Medical Examiner for Somerset County

SIGNATURE: Henry M. Lankford (Degree or title) M.D. — ADDRESS: Princess Anne Md — DATE SIGNED: 3/22/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3/25/49 — NAME OF CEMETERY OR CREMATORY: Asbury M.E. cemetery — LOCATION (City, town, or county): Mt Vernon (State): Md.

DATE REC'D BY LOCAL REG.: 3/22/49 — REGISTRAR'S SIGNATURE: R. H. Johnson, M.D. — 24. FUNERAL DIRECTOR: Charles Dashiell — ADDRESS:

RECEIVED
MAR 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02996

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH· COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover — LENGTH OF STAY (In this place) 91 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Nancy (Middle) Anne (Last) Hayward			4. DATE OF DEATH (Month) Mch (Day) 13 (Year) 1949		
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower	8. DATE OF BIRTH Sep 20-1857	9. AGE last birthday 91 yrs.	If under 1 year Months 5 Days 21 / If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Princess Anne, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Henry Barns			14. MOTHER'S MAIDEN NAME Maria Stuart		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Lucy Turpin		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION No	19b. MAJOR FINDINGS OF OPERATION no	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) No	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) At home	(CITY OR TOWN) Near Westover (COUNTY) Md (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.	INJURY OCCURRED While at Work ☐ Not While At work ☐ No	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~14th~~ One Visit - 3/13-49, 19..., that I last saw the deceased alive on 3/13, 1949, and that death occurred at Noon m., from the causes and on the date stated above.

SIGNATURE (Degree or title) F. Smith — ADDRESS Princess Anne. Md — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE Mar 16-1949	NAME OF CEMETERY OR CREMATORY Cottage grove	LOCATION (City, town, or county) Westover (State) Md.
DATE REC'D BY LOCAL REG. 3/14/49	REGISTRAR'S SIGNATURE L. H. Johnson, M.D. Jr.	24. FUNERAL DIRECTOR Norma J. Ward	ADDRESS Marion Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
MAR 15 1949
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02997

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield Md; STREET ADDRESS (If rural give location) E. Somerset Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lola	Mae	Humphreys	March	2	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Married	Oct 28 1909	39 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Crisfield Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Lake Wharton	Roxanna Hancock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Eva Lorraine Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval between onset and death
Immediate cause	(a) Acute Myocardial Infarction	2 Months
241 Antecedent cause(s)		
112 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchial asthma	Years (12)
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 3rd, 1949, to March 2nd, 1949, that I last saw the deceased alive on Feb 24, 1949, and that death occurred at 6:00 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. E. Somers	M.D.	Crisfield Md	3/2/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/6/49	Crisfield Cemetery	Somerset Ave. Crisfield	

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/5/49	C. E. Collins	Durward Covington	306 Main St. Crisfield, Md.

RECEIVED
MAR 5 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02998

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne
LENGTH OF STAY (in this place): 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Beechwood St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: New Jersey — COUNTY: Cumberland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Landis Township
STREET ADDRESS (If rural, give location): S. State St.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) (Last) Litwack

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 10, 1908

9. AGE last birthday: 40 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Poultry Buyer

10b. KIND OF BUSINESS OR INDUSTRY: poultry

11. BIRTHPLACE (State or foreign country): Brotmanville, N. J.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Abraham Litwack

14. MOTHER'S MAIDEN NAME: Racel Alpert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mr Morris Litwack

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Coronary Thrombosis — sudden

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1949 to March 1, 1949, that I last saw the deceased alive on March 1, 1949, and that death occurred at March 1 - 7:30 P m., from the causes and on the date stated above.

SIGNATURE: Frank Mathews MD (Degree or title) — ADDRESS: Princess Anne — DATE SIGNED: 3/1/49

23. BURIAL, CREMATION REMOVAL (Specify): burial | DATE: 3/3/1949 | NAME OF CEMETERY OR CREMATORY: Alliance Cemetery | LOCATION (City, town, or county) (State): Alliance, Pittsgrove, N.J

DATE REC'D BY LOCAL REG.: 3/1/49 | REGISTRAR'S SIGNATURE: R. H. Johnson, M.D. | 24. FUNERAL DIRECTOR: Levin R. Wilson — ADDRESS: Princess Anne Maryland

RECEIVED
MAR 4 1949
BUREAU V. S.

Evidence for change in age shown on:

02999

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 120 MAY 12 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Crisfield Md.
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shelltown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) SIDNEY (Middle) COLUMBUS (Last) LONG

4. DATE OF DEATH (Month) March (Day) 19 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Feb 3, 1869
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Murumuscoo, Somerset, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Aarelus Long
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs Blanche McDaniel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Disease	3 weeks
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Int. nephritis	
131a	(c) Chronic nephritis	Years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Renal arteriosclerosis — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mch 1, 1949, to Mch 19, 1949, that I last saw the deceased alive on Mch 19, 1949, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George A Goulburn M D
ADDRESS Marion Md.
DATE SIGNED Mch 21-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar 21, 1949
NAME OF CEMETERY OR CREMATORY Baptist Cemetery
LOCATION (City, town, or county) (State) Rehoboth Md.

DATE REC'D BY LOCAL REG. March 21, 49
REGISTRAR'S SIGNATURE Betty Massey
24. FUNERAL DIRECTOR Henry H. Watson
ADDRESS Pocomoke Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03000

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Arintha (Middle) Victoria (Last) Milbourne

4. DATE OF DEATH (Month) March (Day) 31 (Year) 1949

5. SEX Fe

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Jan. 14, 1912

9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sea food

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Marion Station, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel Lewis

14. MOTHER'S MAIDEN NAME Annie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Monnie C. Milbourne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage -

83a Antecedent cause(s) (b) Hypertension =

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Died in Ambulance

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Natural Cause

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dead when I was Called 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 8 15 8 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm H Coulbourn M D Crisfield Md Jan 1-1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE April 3, 1949

NAME OF CEMETERY OR CREMATORY Branch

LOCATION (City, town, or county) Marion Station (State) Md.

DATE REC'D BY LOCAL REG. 4/2/49

REGISTRAR'S SIGNATURE C. E. Collins

24. FUNERAL DIRECTOR Norma J. Ward

ADDRESS Marion Sta.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
APR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03001

Reg. Dist. No. 260

M The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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T

VS. A15

1. PLACE OF DEATH: COUNTY Princess Anne Somerset MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Main st.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne md.; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Elizabeth (Last) Powell

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: w State

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 18, 1876

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Somerset County

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James H. Adams.

14. MOTHER'S MAIDEN NAME: Sarah J. McDaniel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Miss Rebuah Powell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	2 days
420.0 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchopneumonia	4 days
	(c) Arteriosclerotic Heart Disease	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 19 44 to March 1, 19 49, that I last saw the deceased alive on March 1, 19 49, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE: Frank Thomas M.D. (Degree or title) ADDRESS: Princess Anne DATE SIGNED: 3/3/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: March 3, 1949 | NAME OF CEMETERY OR CREMATORY: St Andrews cemetery | LOCATION (City, town, or county) (State): Princess Anne Md

DATE REC'D BY LOCAL REG. 3/3/49 | REGISTRAR'S SIGNATURE: K. E. Johnson, M.D. | 24. FUNERAL DIRECTOR ADDRESS: Dale Dashiell Princess Anne Md.

RECEIVED
MAR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03002

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS Mc Cready Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; STREET ADDRESS (If rural, give location) 946 Broad St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) McKinley (Last) Stanley

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: March 2, 1884

9. AGE last birthday: 65 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seafood Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country): Rhodesdale, Dorchester, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Stanley

14. MOTHER'S MAIDEN NAME: Sarah Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: McCready Memorial Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	?
	(c) Diabetes mellitus	?

260 61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 23, 1949, to March 27, 1949, that I last saw the deceased alive on March 27, 1949, and that death occurred at 10 P. M., from the causes and on the date stated above.

SIGNATURE: Sarah M. Peyton (Degree or title) M.D ADDRESS Crisfield, Md DATE SIGNED Mar. 28, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: March 29, 1949 NAME OF CEMETERY OR CREMATORY: Lawsonia Cemetery LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REG. 3/29/49 REGISTRAR'S SIGNATURE C. E. Collins

24. FUNERAL DIRECTOR ADDRESS: Bradshaw Funeral Parlors Crisfield, Md.

RECEIVED
APR 2 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03003

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sunset Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) Chesapeake Ave. Ext.

3. NAME OF DECEASED (Type or Print): (First) CYNTHIA (Middle) LANKFORD (Last) STERLING

4. DATE OF DEATH (Month) Mar. (Day) 11, (Year) 1949

5. SEX female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Jan. 25, 1899 | 9. AGE last birthday 50 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Crisfield, Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Lankford

14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Harold Sterling, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis c hemiplegia, rt side. — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

332 Antecedent cause(s)

838 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 3 Preceding cerebral-vascular accidents.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1949, to March 11, 1949, that I last saw the deceased alive on March 10, 1949, and that death occurred at 4:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. S. Rawley M.D. — ADDRESS Crisfield — DATE SIGNED 3-11-49.

23. BURIAL, CREMATION REMOVAL? (Specify) burial | DATE Mar. 13, 1949 | NAME OF CEMETERY OR CREMATORY Crisfield Cemetery | LOCATION (City, town, or county) (State) Crisfield, Maryland

DATE REC'D BY LOCAL REG. 3/11/49 | REGISTRAR'S SIGNATURE C. E. Collins | 24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors Crisfield

VS. A15

RECEIVED
MAR 16 1949
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03004

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Somerset; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 212 N. 4th Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield; STREET ADDRESS (If rural, give location) 212 N. 4th Street

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) L. (Last) STERLING

4. DATE OF DEATH: (Month) (Day) (Year) Mar. 18, 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Mar. 18, 1866

9. AGE last birthday: 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sea food laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Sterling

14. MOTHER'S MAIDEN NAME: Nicey Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. John (Lucy) Sterling

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral thrombosis	10 days
332 Antecedent cause(s)		
330 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis	yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 47, to March, 19 49, that I last saw the deceased alive on Mar 17, 19 49, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE: C. G. Rawley (Degree or title): M.D. ADDRESS: Crisfield DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: Mar. 22, 1949; NAME OF CEMETERY OR CREMATORY: Lawsonia Cemetery; LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REG.: 3/22/49; REGISTRAR'S SIGNATURE: C. E. Collins

24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors ADDRESS: Crisfield

VS. A15

RECEIVED
MAR 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03005

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hopewell
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) PRISCILLA (Middle) (Last) TILGHMAN

4. DATE OF DEATH (Month) March (Day) 17, (Year) 1949

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec. 25, 1883
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seafood Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Stockton, Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Dale Cottman
14. MOTHER'S MAIDEN NAME Priscilla Spence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 214-03-7573
17. INFORMANT John Tilghman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute dil. of heart — INTERVAL BETWEEN ONSET AND DEATH ½ hr

592 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis — yrs

(c) Chronic interstitial nephritis — yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949, to March 17, 1949, that I last saw the deceased alive on March 17, 1949, and that death occurred at 9 45 p m., from the causes and on the date stated above.

SIGNATURE C. G. Rawley (Degree or title) M.D. ADDRESS Crisfield DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Mar. 21, 1949
NAME OF CEMETERY OR CREMATORY Hopewell Cemetery
LOCATION (City, town, or county) Rural, Crisfield, Md. (State)

DATE REC'D BY LOCAL REG. 3/21/49
REGISTRAR'S SIGNATURE C. E. Collins
24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, ADDRESS Crisfield Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03006

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Letisa (Middle) (Last) Wright

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11-25-1875

9. AGE last birthday: 73 yrs. If under 1 year: Months 3 Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Somerset County, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John Hammond

14. MOTHER'S MAIDEN NAME: Mary Hunton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Jesse Wright

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval between onset and death: 14 years

422.2 Antecedent cause(s)

938 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb 18th, 1949, to March 13 1949, that I last saw the deceased alive on March 13th, 1949, and that death occurred at 1:65A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Elder G. Mansman Princess Anne Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 3/16/49

NAME OF CEMETERY OR CREMATORY: Flower Hill

LOCATION (City, town, or county) (State): Eden Maryland

DATE REC'D BY LOCAL REG.: 3/15/49

REGISTRAR'S SIGNATURE: R. H. Johnson, M.D.

24. FUNERAL DIRECTOR: William H. James Jr.

ADDRESS

RECEIVED
MAR 17 1949
BUREAU V. S.